

**Vendor Number (SFWMD USE ONLY):**

Vendor/Company Name:

Mailing Address:

City:

State:

Zip:

County:

Contact Person:

Telephone Number: ()

Toll-Free Number: ()

Fax Number: ()

***Federal ID Number:**

or ***Social Security Number:**

**FEID/SS# required for inclusion in the District's Vendor Database*

Type of Organization (check one):

☐ Individual/Sole Proprietor

☐ Partnership

□ Corporation

☐ Not-for-Profit Corp.☐ Government Agency☐ Educational Institution**Minority/Woman-Owned Business (M/WBE):** ☐ Yes

Check type as follows:

☐ African-American☐ Asian-American☐ Female☐ Hispanic-American☐ Native American

If yes, would you like to receive an application for *Minority Certification?

☐ **Yes**

****M/WBE Firms must be District Certified***

Prompt Payment Terms:

☐ 1) 1% 10 days☐ 2) 2% 10 days☐ A) Net 30

☐ B) 1% 10th Prox

☐ C) 2% 10th Prox

☐ Other

Write code(s) below only for commodities/services directly supplied by your organization. For a list of codes click the blue button below.

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